

1. NUMBER: FD32-01-09	2. PCN: PB20284	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 3/19/01	4. PAGE 1 of 25
5. TO: Barbara Cobb FD32		6. THRU:		7. FROM: Brenda Roberts	
8. TITLE OF CHANGE: Updates for POIC POH Volume 2: Increment Operations, SSP 58312					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE: 4/28/01		
11. PROGRAM(S)/PROJECT(S) AFFECTED: FD32			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: OCRs on File			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Per Approved OCRs (changes are currently in use by Inc 2 execution teams)					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify):					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) All changes recorded in Rev-5 of POH vol 2: Per 1. OCR 01071005A1cpo100013Add SOP 2.16.1Change Table of Contents, 2. OCR 01071005A1octm00012Change Table 1.4.3-1, 3. OCR 01071005A1pod100026, Change to SOP 1.3 SEE CONTINUATION SHEET (for a total of 11 OCRs)					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Brenda Roberts /s/		DATE: 3/19/01	TELEPHONE NUMBER: 961-1095	OFFICE SYMBOL: TBE	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE